

# KIT FOR NEW PARENTS ORDER FORM

## PLEASE SHIP KITS TO:

County	Organization	
Contact Name	Title	
Address (No P. O. Boxes)	City/State	Zip
Phone	Fax	E-mail

## QUANTITIES REQUESTED:

Orders under 1,000 will be shipped within two weeks of receipt of this form based on kit availability.

### **Choose one option only:**

(Subscription Term: July 1, 2001 – June 30, 2002)

#### **q Subscription Order (Establish a regular, monthly shipping cycle)**

	Beginning Mo/Yr	Ending Mo/Yr
Send _____ English Kits each month	_____	_____
Send _____ Spanish Kits each month	_____	_____

#### **q Single Order (Orders filled one time only. Place a new order when quantities run low)**

Send \_\_\_\_\_ English Kits for this order only  
Send \_\_\_\_\_ Spanish Kits for this order only

#### **q Mail-in Postcards**

If storage space for a monthly supply of Kits is not available, postage-paid Mail-In Bilingual Postcards, OSP-CCFC 395 (NEW 10/01), may be provided to families to fill out (or can be filled out by the provider). This option should only be utilized as a fallback, as personal distribution is much more effective. Kits will be shipped within two weeks based on kit availability.

Send \_\_\_\_\_ Bilingual Mail-In Postcards (Packages of 100)  
(Quantity)

## AUTHORIZATION:

The County Commission authorizes the release of Kits to the organization indicated on this form. The Commission understands that this request counts toward available quantities.

Signature of County Commission Staff or Designee \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

### **Return this form to:**

OSP Fulfillment Services  
344 North 7<sup>th</sup> Street, Sacramento, CA 95814-9794  
FAX: (916) 324-0790

For any questions, contact OSP Fulfillment Services, Customer Service at 1-866-634-3458 (Toll Free)